

APPLICATION FOR GROUP VOLUNTARY LIFE INSURANCE (GVLI)

PERSONAL DATA					
NAME				DATE HIRED:	
NAME:(Last Name)	(Last Name) (First Name) (Middle Name)				
COMPANY:	DEPARTMENT:	POSITION:		EMP. ID NO.:	
CIVIL STATUS: Single Mai	rried Widowed Separa	ated Annulled			
HOME ADDRESS: TEL. NO.:					
OFFICE ADDRESS: TEL. NO:					
PLACE OF BIRTH: SEX: Male Female EMAIL ADD:					
DATE OF BIRTH: MOBILE NO.:					
DESIRED AMOUNT OF INSURANCE:	<u> </u>	L			
<u>550,000</u> 600,000	650,000 700	,000 750,0	000	800,000	
	0.000		74 500 000		
850,000 90	0,000 950,000	1,000,000	1,500,000		
BENEFICIARIES BENEFICIARIES					
Best Gem Multipurpose Cooperative to the extent of my outstanding loan balance, if any, and the balance to my other					
designated beneficiary/ies, as follows		Data of Divide	Dalatiana.	him to Banahan	
Name of Designated Beneficiary/ies	(Choose if Revocable or Irrevocable) Revocable Irrevocable	Date of Birth	Relations	hip to Member	
	Revocable Irrevocable				
	=-=				
	Revocable Irrevocable				
	Revocable Irrevocable				
Note – If you do not designate beneficiaries, the benefits will be paid automatically to your spouse or if you have no surviving spouse, to your relatives in the following order of precedence; children or parents, or brothers or sisters, or to your estate. A guardian, who is at least age 21, must be named for a beneficiary under age 18. I agree that my insurance will become effective in accordance with the terms of the plans as outlined in the Group policy provided that I am actively-at-work on such date and the premium corresponding to my insurance coverage has been paid.					
	AUTHORIZATION FOR SALARY		<u>.</u>		
I also authorize my Employer named above to deduct from my salary the amount required as my premium payment for my voluntary life insurance and remit to Sun Life the total deductions made from each calendar month.					
Signature of Applicant			Date of Applic	ation	
o					
Printed Name and Signature of Witne	ess		Date Signe	d	
Received By:					
Printed Name and Signature					



GROUP VOLUNTARY LIFE INSURANCE (BEST GEM MULTI-PURPOSE COOPERATIVE AND HMO BROKER)

COVERAGE	MONTHLY PREMIUM		
NEW RATES			
1,500,000.00	Php 299.49		
1,000,000.00	Php 199.66		
950,000.00	Php 189.68		
900,000.00	Php 179.70		
850,000.00	Php 169.71		
800,000.00	Php 159.73		
750,000.00	Php 149.75		
700,000.00	Php 139.76		
650,000.00	Php 129.78		
600,000.00	Php 119.80		
550,000.00	Php 109.81		